

POSITION	INITIALS	ID NO.
FEE DETERMINATION	BH	70385
O.I.P.E. CLASSIFIER		19
FORMALITY REVIEW	SA	68966

# INDEX OF CLAIMS

✓ ..... Rejected  
 II ..... Allowed  
 (Through numeral)..... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	07/00
2	12/00
3	05/01
4	10/01
5	05/02
6	04/03
7	05/03
8	12/03
9	06/04
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here